



PLATINUM REHABILITATION GROUP

NOMINATION OF PREFERRED REHABILITATION PROVIDER

ADVICE FOR AGENT TO RECORD DETAILS OF PREFERRED PROVIDER

ATTENTION	
COMPANY NAME	
POLICY NUMBER	

DISCLAIMER

Please be formally advised that _____ is hereby appointing Platinum Rehabilitation Group Pty Ltd (WorkCover Approved Workplace Rehabilitation Provider #846), to act as the Workplace Rehabilitation Provider in relation to all workers compensation matters in NSW.

At all times, strict confidentiality will be maintained in accordance with NSW and Federal Regulations.

SIGNED AND REQUESTED BY THE FOLLOWING

COMPANY CONTACT	
POSITION	
SIGNATURE	
DATE	

PLATINUM REHABILITATION GROUP AGREEMENT

COMPANY CONTACT	Jennifer Michaels
POSITION	Director
SIGNATURE	
DATE	